



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:
Olsen *et al.*

Docket No.: PF108P2D1

Application No.: 10/614,990

Confirmation No.: 8196

Filed: July 9, 2003

Art Unit: 1647

For: Stanniocalcin Polynucleotides, Polypeptides, and
Methods Based Thereon

Examiner: C. J. Nichols

RESPONSE AND AMENDMENT UNDER 37 C.F.R. § 1.111

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

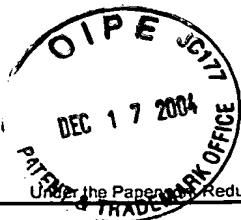
In response to the office Action mailed August 17, 2004, please enter the following provisional election, with traverse, and consider the remarks below. Applicants submit concurrently herewith:

- (a) Supplemental Declaration Under 37 C.F.R. § 1.67;
- (b) Partially redacted copy of ATCC Deposit Receipt for ATCC Accession Number 75652;
- (c) Copies of abstracts from Chandel *et al.*, (1998) *Proc Natl Acad Sci U.S.A.* 95:11715-20. and Badr *et al.*, (1999) *Brain Res Mol Brain Res.* 64:24-33.
- (d) a Petition for Extension of Time of One (1) Month; and
- (e) a Fee Transmittal, together with the appropriate fee(s);

Amendments to the Specification begin on page 2.

Amendments to the Claims begin on page 4.

Remarks begin on page 9.



ITM

PTO/SB/17 (12-04)
Approved for use through 7/31/2008. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Complete if Known	
FEE TRANSMITTAL For FY 2005		Application Number	10/614,990-Conf. #8196
		Filing Date	July 9, 2003
		First Named Inventor	Henrik S. Olsen
		Examiner Name	C. J. Nichols
		Art Unit	1647
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Attorney Docket No.	PF108P2D1
TOTAL AMOUNT OF PAYMENT	(\$) 0.00		

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card
<input type="checkbox"/> Money Order	<input type="checkbox"/> None
<input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account	Deposit Account Number: <u>08-3425</u> Deposit Account Name: <u>Human Genome Sciences, Inc.</u>
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
	FILING FEES		SEARCH FEES		EXAMINATION FEES		
		Small Entity		Small Entity		Small Entity	
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____
2. EXCESS CLAIM FEES							
Fee Description						Small Entity	
						Fee (\$)	Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent						50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent						200	100
Multiple dependent claims						360	180
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims			
32	- 138	x	=	Fee (\$)	Fee Paid (\$)		
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)				
2	- 8 =	x	=				
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)			
_____	- 100 =	/50	(round up to a whole number) x	=			
4. OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity discount)						Fees Paid (\$)	
Other: _____							

SUBMITTED BY			
Signature	<u>Michele Shannon</u>	Registration No. (Attorney/Agent)	47,075
Name (Print/Type)	Michele Shannon	Telephone	(301) 354-3930
		Date	December 17, 2004